

☐ Mark the form as confidential

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: Caleb Ackley		Location of Incident: DC2-2103
Title: Correction Officer		INCIDENT DATE: Sep 3, 2013
Involves: Castro 643-371		INCIDENT TIME: 09:20 pm

Check Item Indication Subject Of This Report:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident:

Be advised on the above date and time while conducting count in segregation I C.O Ackley observed inmate Castro 643-371 with a sheet tied around his neck and attached to the window seal his knees were slightly bent and his shorts were around his ankles. I immediately notified officer R. Murphy to contact the captains office. Upon officer Murphy arriving at cell 2103 the door was opened and we approached the inmate. Upon approaching the inmate I placed my hands on the inmates left side and lifted him into the air to release pressure from his neck, I then attempted to pull the sheet out of the window seal causing it to rip. We then lowered the inmate to the floor. At that time I instructed officer Murphy to bring me the cut down tool to remove the remainder of the sheet from the inmates neck. I was given the cut down tool and cut the remainder of the sheet from the inmates neck. I then immediately began CPR on the inmate till relieved by officer T. Martin I then remained in the cell assisting with CPR until relieved by medical Nurse Rodgers. End of Report.

Signature of Reporting Staff Member: <i>Caleb Ackley</i>	Date: Sep. 3, 2013
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Action Taken:

Investigations in progress

Signature of Managing Officer: <i>P. Richard</i>	Date: 9/4/13
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- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Administration | <input type="checkbox"/> Special Services | <input type="checkbox"/> Department Head |
| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |

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INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: Ryan Murphy		Location of Incident: DC2-2103
Title: Correction Officer		INCIDENT DATE: Sep 3, 2013
Involves: Castro 643-371		INCIDENT TIME: 09:20 pm

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

Be advised on the above date and time while conducting the 9:15 pm evening count Officer C. Ackley notified myself that inmate Castro 643-371 was hanging by a sheet in his cell DC2-2103. At that time I was on the bottom range of DC2 I then notified Officer M. Gleason that Inmate Castro was hanging and myself and officer Ackley was going to enter the cell. I then approached cell DC2-2103 where officer Ackley was standing, and I opened the door. I then placed my hands on inmate Castro's right side of his body and officer Ackley placed his hands on inmate Castro's left side of his body. I then lifted inmate Castro's body straight up in the air to release pressure off inmate Castro's neck. I then attempted to pull the sheet out of the window seal and by doing so the sheet ripped. Myself and officer Ackley then laid inmate Castro on the ground and officer Ackley instructed myself to get the cut down tool to cut the remaining sheet from inmate Castro's neck. At that time the cut down tool was given to myself from officer S. Turner on the DC2 range, and I then gave it to officer Ackley in cell DC2-2103. Officer Ackley then cut the remaining sheet from inmate Castro's neck and officer Ackley started CPR chest compressions. He was then relieved by officer T. Martin and then officer T. Martin was relieved by officer M. Carter all with chest compression. Nurse Rodgers then took over chest compressions for officer M. Carter and at that time I exited the cell. END OF REPORT.

Signature of Reporting Staff Member: <i>R. Murphy</i>	Date: <i>Sept 03, 2013</i>
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Action Taken:

Investigations in progress

Signature of Managing Officer: <i>C. Richard</i>	Date: <i>9/4/13</i>
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: 9-3-13
Name of Reporting Staff: M. Gleason	Title: Correction officer	Location of Incident: Seg. L.C. Cell 2103
Involves: Castro 643-371		INCIDENT DATE: 9-3-13
		INCIDENT TIME: 9:20 pm

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

On the Above date and approximate time while I c/o Gleason was on the Segregation Desk, officer Murphy came from L.C. side and told me that inmate Castro was Hanging and that himself and officer Ackley were going into the cell. I c/o Gleason notified Capt office of the incident LT. Anth, medical Staff and other officers Responded. I c/o Gleason gave the cutdown tool to officer S. Turner as he Responded up to Cell 2103.

Signature of Reporting Staff Member: 	Date: 9-3-13
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Action Taken:

Investigations in progress

Signature of Managing Officer: 	Date: 9/4/13
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: 9-3-13
Name of Reporting Staff: M. SCHLEITH	Title: %0	Location of Incident: SEGREGATION
Involves: INMATE CASTRO 643-371		INCIDENT DATE: 9-3-13
		INCIDENT TIME: 9 ²⁰ PM.

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input checked="" type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

ON ABOVE DATE AND APPROX. TIME, I (% SCHLEITH) WAS CALLED TO SEGREGATION BY LT. ADTLE UPON ARRIVING OFFICERS WERE IN DC II WITH INMATE CASTRO 643-371. WAS NOTIFIED THAT A SQUAD WAS BEING CALLED AND I WENT TO CONTROL TO DRAW THE KEYS TO THE SALLYPORT AND WAIT FOR THE SQUAD. SQUAD ARRIVAL TIME ON GROUNDS WAS 10 06 PM FILLED OUT ALL APPROPRIATE PAPERWORK AND WAS RELIEVED BY 3RD SHIFT. I CAME BACK INTO THE INSTITUTION AND RODE WITH THE SQUAD BACK TO THE SALLYPORT. SQUAD DEPARTURE TIME FROM INSTITUTION 10 24 PM

Signature of Reporting Staff Member: % [Signature]	Date: 9-3-13
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Action Taken:

Investigations in progress

Signature of Managing Officer: [Signature]	Date: 9/4/13
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> FEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

INCIDENT REPORT

Report Date:

9-4-13

Work Location:

Correctional Reception Center

Location of Incident:

SEGREGATION DCIT 2103

Name of Reporting Staff:

TIMOTHY R. MARTIN

Title:

CO

INCIDENT DATE:

9-3-13

Involves:

CASTRO 643-371

INCIDENT TIME:

920 pm

Check Item Indication Subject Of This Report:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident: ON THE ABOVE DATE & TIME I OFFICER TIMOTHY MARTIN REPORTED TO SEGREGATION TO ASSIST WITH INMATE CASTRO 643-371. UPON ARRIVING I TOOK OVER PERFORMING CHEST COMPRESSIONS (AS PART OF CPR) FROM OFFICER C. ACKLEY. AFTER SEVERAL CYCLES OF 30 COMPRESSIONS OFFICER M. CARTER TOOK OVER FROM ME. AFTER SEVERAL CYCLES NURSE RODGERS TOOK OVER. WE CONTINUED TAKING TURNS WITH COMPRESSIONS & THE AMBU BAG & OTHER MEDICAL STAFF ALSO CYCLED INTO OUR ROTATIONS. THIS CONTINUED UNTIL MED CARE ARRIVED. AT ONE POINT IN THE ROTATION I OFFICER MARTIN LEFT SEGREGATION TO OBTAIN CLOTHING & RESTRAINTS FOR TRANSPORTATION. UPON RETURNING I CONTINUED ASSISTING. I ALSO ASSISTED IN THE PLACEMENT OF INMATE CASTRO ON THE MEDICAL TRANSPORTATION BOARD & THEN TO THE MED CARE BED. I THEN ASSISTED IN GETTING INMATE CASTRO DOWN THE STAIRS. I RODE IN TRANSPORT WITH INMATE CASTRO IN THE SQUAD. I WAS ASKED TO CONTINUE ASSISTING IN CPR WITH THE PARAMEDIC STAFF. WE STOPPED ON 71 NORTH TO ALLOW MORE PARAMEDICS TO BOARD & ASSIST. I CONTINUED ASSISTING UNTIL I WAS RELIEVED BY MED CARE STAFF. I STAYED WITH INMATE CASTRO UNTIL HE WAS PLACED IN THE MORGUE & PROPER PAPERWORK WAS RECEIVED *WAM*

Signature of Reporting Staff Member:

Timothy R. Martin

Date:

9-4-13

Action Taken: ☒

Investigations in progress

Signature of Managing Officer:

C. Richard

Date:

9/4/13

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| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: 9/4/13
Name of Reporting Staff: A Bayless	Title: C/O	Location of Incident:
Involves: RT 1005U inmate Castro 643371		INCIDENT DATE: 9/3/13
		INCIDENT TIME: 2224

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

Be advised on above date & time I C/O Bayless was assigned to drive chase vehicle 584 to follow squad to OSU I called signal 1 at 2224 and arrived at OSU and called signal 2 at 2245 and proceeded into and arrived at trauma RN 2 seen medical staff perform CPR on inmate Castro and pronounce inmate dead at 2252. EOR

Signature of Reporting Staff Member: A Bayless	Date: 9/4/2013
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Action Taken:

Investigations in progress

Signature of Managing Officer: C. Richard	Date: 9/4/13
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

INCIDENT REPORT

Report Date:	9/3/13
Location of Incident:	SEG
INCIDENT DATE:	9/3/13
INCIDENT TIME:	920pm

Work Location:	Correctional Reception Center		
Name of Reporting Staff:	CARTER	Title:	Yo
Involves:	CASTRO 643371		

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

ON 9/3/13 I YO CARTER RESPONDED TO A MEDICAL EMERGENCY AT IN SEG UPON ARRIVAL INMATE CASTRO HAD A SHEET AROUND HIS NECK NON RESPONSIVE. AT THAT TIME COT DOWN TOOL WAS USED TO CUT SHEET FROM NECK ACKLEY BEGAN CPR THEN MARTIN THEN I YO CARTER TOOK OVER. NURSE ROGERS TOOK OVER FOR ME AT 922PM AND I TOOK OVER BREATHS WITH BAG. ME, MARTIN, NURSE ROGERS, CAPENS & BERNARD CONTINUED CPR SWITCHING OFF & ON UNTIL 1005 PM WHEN SQUAD ARRIVED INTO SEG. I HELPED CARRY GOURNEY UP STAIRS THEN HELPED WITH CPR UNTILL BACK BOARD ARRIVED. PUT INMATE CASTRO ON GOURNEY & CARRIED HIM DOWN THE STAIRS & THEN CONTINUED CPR UNTIL DELIVERED IN SALLY PORT.

Signature of Reporting Staff Member:		Date:
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Action Taken:

Investigations in progress

Signature of Managing Officer	CR Richard	Date	9/4/13
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

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INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: Fredrick Schlaegel		Location of Incident: segregation
Title: correctional officer	INCIDENT DATE: Sep 3, 2013	
Involves: Inmate Castro #643-371	INCIDENT TIME: 9:22 PM	

Check Item Indication Subject Of This Report:

<input checked="" type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

Be advised on the above date and approximate time, I, officer Schlaegel, responded to a call for assistance in segregation. I entered segregation and followed Lt. Antle, officers Carter and Turner into LC side of segregation and went upstairs to cell 2103. I entered the cell and seen officer Ackley trying to loosen a tied sheet from inmate Castro's neck. Officer Murphy came up to the cell and gave officer Ackley the cut down tool and officer Ackley cut the sheet away from the inmates neck. I grabbed the inmates left arm and went to roll the inmate over. Officer Ackley told me to stop to administer CPR on the inmate. I exited the cell and went to cover the salley port for the ambulance. I went to the salley port and rode the ambulance to segregation and stayed with the ambulance until officer Schleith relieved me. END OF REPORT

Signature of Reporting Staff Member:
Fredrick Schlaegel

Fall

Date:
9/3/2013

Action Taken:

Investigations in progress

Signature of Managing Officer:

C. Richard

Date: 9/4/13

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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: 9-3-13
Name of Reporting Staff: C. MARTINEZ		Location of Incident: Seg 2103
Title: C/O	INCIDENT DATE: 9-3-13	
Involves: Relieving MARTIN IN Seg		INCIDENT TIME: 9:55 pm

Check Item Indication Subject Of This Report:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input checked="" type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input checked="" type="checkbox"/> Other: CASTRO 643-371 Hanging |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident: Sire on the above date AND Time I was told to relieve MARTIN in seg and I did. Upon arrival I seen inmate ⁶⁴³⁻³⁷¹ CASTRO on ground, nurses giving CPR and LT. Antle/LT. Gibson videoing the scene. MARTIN became the C/O TO TRANSPORT. I then went to Capt office to fill out Incident Report.

Signature of Reporting Staff Member

Date:

Action Taken:

WROTE Report, TOLD Supervisor.

Investigations in progress

Signature of Managing Officer

Date

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| <input type="checkbox"/> Operations | <input type="checkbox"/> Administration | <input type="checkbox"/> Special Services | <input type="checkbox"/> Department Head |
| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |

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INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: S. Turner		Location of Incident: segregation
Title: Correctional Officer		INCIDENT DATE: Sep 3, 2013
Involves: Inmate Castro #643-371		INCIDENT TIME: 9:22 PM

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input checked="" type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

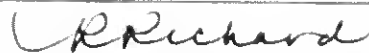
Description of Incident:

Sir, be advised on the above date and time I officer Turner responded to a inmate hanging locate in Segregation. As I officer Turner entered segregation I officer Turner was given the cutdown tool by officer Gleason to give to officer R. Murphy. I officer Turner went upstairs to cell 2103 and witnessed a officer giving cpr. Squad was called and I officer Turner went with yard officers to secure the gate waiting for squad. EOR

Signature of Reporting Staff Member: 	Date: 9-3-2013
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Action Taken:

Investigations in progress

Signature of Managing Officer: 	Date: 9/4/13
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<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

☐ Mark the form as confidential**INCIDENT REPORT**

Report Date:

Sep 3, 2013

Work Location:

Correctional Reception Center

Location of Incident:

CAPTAINS OFFICE

Name of Reporting Staff:

C. NEIGHBORS

Title:

CAPTAIN

INCIDENT DATE:

Sep 3, 2013

Involves:

INMATE CASTRO 643-371 DC2-2103

INCIDENT TIME:

920P

Check Item Indication Subject Of This Report:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input checked="" type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident:

On above date and time I Captain Neighbors arrived for work, and when I entered the captains office a phone call from segregation unit Officer M. Gleason stating that inmate Castro # 643-371 was hanging I Captain Neighbors informed LT. M. Antle to proceed to that area along with two cameras while I continued with the institutional count. I notified Warden Richard, Major Smith. Medical staff sent to area and control center was told to call for a squad.

Signature of Reporting Staff Member

Date

9/3/2013

Action Taken:*Investigations in progress*

Signature of Managing Officer

Date

9/4/13

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| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |

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INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: J. Milstead		Location of Incident: segregation
Title: Correctional Officer	INCIDENT DATE: Sep 3, 2013	
Involves: Inmate Castro #643-371	INCIDENT TIME: 9:22 PM	

Check Item Indication Subject Of This Report:

<input type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input checked="" type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

be advised at 922 pm this officer arrived in segregation. do to a medical emergency. this officer seen nurse carper, nurse Rodgers, officer carter and officer ackley administrating cpr on inmate castro #643-371. at 925 this officer was directed to do range checks in segregation. this officer started on range check at 926 pm and completed them at 932 and pm at 1001 pm, the squad arrived on grounds of crc. at 1005 pm squad arrived in dc2 of seg. 1006 pm cpr was being continued. 1015 pm inmate castro was placed on gurney. 1016 pm inmate castro was taken out of dc2 by squad staff. at 1018 pm the cell was secured. at 1024pm squad was off grounds.

Signature of Reporting Staff Member: <i>J. Milstead</i>	Date: 9-3-13
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Action Taken:

Investigations in progress

Signature of Managing Officer: <i>C. Richard</i>	Date: 9/4/13
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<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

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INCIDENT REPORT

Report Date:

Sep 3, 2013

Work Location:

Correctional Reception Center

Location of Incident:

Segregation

Name of Reporting Staff:

Jacquelyn Foster

Title:

LT

INCIDENT DATE:

Sep 3, 2013

Involves:

Inmate Castro 643-371

INCIDENT TIME:

9:32PM

Check Item Indication Subject Of This Report:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input checked="" type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident:

Upon arrival for third shift duty, on the above date and time I, LT Gipson was instructed to relieve LT Antle of the filming of the emergency with Inmate Castro 643-371 in segregation. I filmed medical staff performing CPR on Inmate Castro. I filmed medical staff continue CPR until the squad arrived and took over performing CPR. I continued filming until the squad left the institution.

Signature of Reporting Staff Member:

Jacquelyn Foster, LT

Date

9.3.13

Action Taken:

Investigations in progress

Signature of Managing Officer:

K. Richard

Date

9/4/13

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| <input type="checkbox"/> Investigator | <input type="checkbox"/> FEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant _____ |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services _____ |

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 4, 2013
Name of Reporting Staff: James R Carper	Title: Correction Lieutenant	Location of Incident: CRC / OSU
Involves: CASTRO 643-371		INCIDENT DATE: Sep 3, 2013
		INCIDENT TIME: 9:20PM

Check Item Indication Subject Of This Report:

<input checked="" type="checkbox"/> Employee Action	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/> Medical	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Inmate/Offender Affairs	<input type="checkbox"/> Security	<input type="checkbox"/> Victim Issue	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Use of Force	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Equipment Issue	

Description of Incident:

On above date as I reported for duty I was informed by the building 1 officer that inmate Castro 643-371 had hung himself in segregation and a squad was en route. Captain Neighbors requested that I draw a weapon and get ready for the trip. I got the necessary equipment and responded to the sallyport. The squad was processed thru. When the squad returned to the sallyport I relieved Lt Gipson who was operating the video camera in the back of the squad. Ofc Carter was assisting the squad crew with chest compressions. Ofc Martin put on his equipment for the round trip and relieved Ofc Carter conducting chest compressions and we were then en route to OSU medical center. On I-71 the squad pulled over and additional medical staff entered the rear of the squad to assist with Castro. When everyone was in place the squad again continued to OSU. upon arrival OSU medical staff took over and continued life saving measures until the doctor called time of death at 10:52 pm. I had the transporting officer notify the institution and permission was given to stop video. the camera was then turned off at about 10:56 pm

Signature of Reporting Staff Member: <i>LT Carper</i>	Date: 9/4/13
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Action Taken:

Investigations in progress

Signature of Managing Officer: <i>CR Richard</i>	Date: 9/4/13
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Distribution: ALL COPIES TO MANAGING OFFICER who will check appropriate distribution list below and distribute the copies.

<input type="checkbox"/> Operations	<input type="checkbox"/> Administration	<input type="checkbox"/> Special Services	<input type="checkbox"/> Department Head _____
<input type="checkbox"/> Investigator	<input type="checkbox"/> EEO	<input type="checkbox"/> Personnel Officer	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Record Officer	<input type="checkbox"/> Medical	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Office of Victim Services

☐ Mark the form as confidential

INCIDENT REPORT

Work Location: Correctional Reception Center		Report Date: Sep 3, 2013
Name of Reporting Staff: Mike T. Antle		Location of Incident: Building 3 Segregation
Title: Lieutenant	INCIDENT DATE: Sep 3, 2013	
Involves: Inmate Castro 643371		INCIDENT TIME:

Check Item Indication Subject Of This Report:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Inmate/Offender Affairs | <input checked="" type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident:

While conducting the 9:15PM institutional count a phone call was received in the Captain's Office advising inmate Castro 643371 was hanging in Segregation. I was instructed by Captain Neighbors to respond to the area and he would conduct count. Upon my arrival the assigned Officers had already made entry to the cell and were in need of a cutting tool. I called for a tool and it arrived on the scene. I then began dispatching various staff for assignments. Several Officer's were conducting CPR on the inmate and I maintained security of the scene and began video documentation. I instructed Officer Milstead to begin keeping a time line of all events going on in and around the area. At 9:32PM Lieutenant Gipson arrived on the scene and I was relieved to make preparations for emergency transport of the inmate. I exited Segregation and started preparation for the emergency transport. Lieutenant Carper met me at Control Center and advised he would handle the transport of the inmate. I then responded to the shift office and began administrative duties I was assigned. At 10:18PM I reported back to Segregation and waited for the staff and the emergency transport to exit the cell with the inmate. Once everyone exited the cell I secured the cell door without making entry to the cell and placed yellow tape on the cell door sealing it shut. I advised the 3rd shift Officers not to enter the cell. I then reported back to the shift office for further assignment. End of Report.

Signature of Reporting Staff Member: <i>M. T. Antle</i>	Date: 9-3-13
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Action Taken:

Investigations in progress

Signature of Managing Officer: <i>C. Richard</i>	Date: 9/4/13
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| <input type="checkbox"/> Operations | <input type="checkbox"/> Administration | <input type="checkbox"/> Special Services | <input type="checkbox"/> Department Head |
| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |

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INCIDENT REPORT

Report Date:

Sep 4, 2013

Location of Incident:

Control Center

INCIDENT DATE:

Sep 3, 2013

INCIDENT TIME:

9:25 PM

Work Location:

Correctional Reception Center

Name of Reporting Staff:

Ian Quincel

Title:

Corrections Officer

Involves:

Med Care Ambulance

Check Item Indication Subject Of This Report:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | |

Description of Incident:

On the above date and time 9:25PM I Officer Quincel was ordered by Lt. 211 to call a squad. This writer called the above listed company and told them that a squad was needed at CRC In Orient. This writer also advised them to drive with lights and sirens to the back sally port so they could be let in thru the sally port. At 9:49PM I Officer Quincel called the company again because the squad had yet to arrive. I was told that the squad was 1 mile or 5 minutes away. When the squad arrived on grounds at 9:59PM it pulled into the front driveway and drove in circles on both sides of the parking lot. Area Patrol vehicle 457 escorted the squad back to the sally port once the driver quit driving in circles. The squad entered the sally port at 9:59PM just as this Officer was relieved by 3rd shift. EOR IQ

Signature of Reporting Staff Member:

Ian Quincel

Date:

9/4/2013

Action Taken:

BA3 filed report 9/5/13 - see attached.

Signature of Managing Officer:

Date:

9/5/13

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| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |